

First Name: _____ Last Name: _____

☐ Male ☐ Female Date Of Birth (Day/Month/Year) : _____ Nationality: _____

What languages do you speak? _____ E-Mail: _____

Your Level of English: ☐ Beginner ☐ Intermediate ☐ Upper Intermediate ☐ Advanced

Current Address in Canada or in your country: Country _____ City _____ Postal Code: _____

Street and Number _____ Facebook: _____

Telephone (+ area and country code): _____ Cel: _____

Status in Canada: ☐ Visitor ☐ Student ☐ Working Holiday Other (Specify) _____

Medical Insurance Required? ☐ Yes ☐ No If your answer is YES, specify number of days and start date of insurance: _____

Emergency Contact: Name: _____ Telephone (Including area and country code) _____

How did you hear about inlingua? ☐ Google ☐ Friends ☐ Brochure ☐ Facebook ☐ Fair / Show ☐ Other (Specify) _____
(Select all the options that apply to you) ☐ Agency (Please specify Agency and Counsellor Name) _____

Course(s) Applied for

☐ IP1-Intensive ☐ SE-Star English ☐ ACP- Accelerated Communication program ☐ PT1-Part Time ☐ SE Aft. ☐ UPP - University Preparation program ☐ Private lessons # _____
☐ Business English ☐ Cambridge FCE ☐ Cambridge CAE ☐ TOEFL iBT ☐ IELTS ☐ Voluntern ☐ Farmstay Experience

Course 1 Start Date (Day/Month/Year) _____ Course 1 End Date (Day/Month/Year) _____ Total Weeks: _____

Course 2 Start Date (Day/Month/Year) _____ Course 2 End Date (Day/Month/Year) _____ Total Weeks: _____

Course 3 Start Date (Day/Month/Year) _____ Course 3 End Date (Day/Month/Year) _____ Total Weeks: _____

Do you have any physical or mental health problems? ☐ Yes ☐ No If your answer is YES, specify: _____

Do you want accommodation? ☐ Yes ☐ No If your answer is YES, please complete Form #2

Do you want airport reception? ☐ Yes ☐ No Airport drop off? ☐ Yes ☐ No If your answer is YES, please complete Form #3

Accommodation Information Form #2

Accommodation Type: ☐ Homestay (Full Board 3 meals) ☐ Homestay (Half Board 2 meals) ☐ Rooming (no meals) ☐ Student House (shared room, no meals, 19 +)

Accommodation Start Date (Day/Month/Year): _____ Accommodation End Day (Day/Month/Year)* _____

* NOTE: If you will stay for more than 4 weeks in Vancouver and you are NOT sure if you want to stay in the homestay / rooming / student house for more than the first 4 weeks, please write down the end date of your course here. Failure to do so may result in additional accommodation placement fees.

NOTE: Students will pay the accommodation fee and the First 4 weeks of accommodation ONLY. Additional 4-week periods will be paid at inlingua, in advance.

What are your interests / Comments _____

Do you take any medication? ☐ Yes ☐ No If your answer is YES, specify: _____

Do you have any allergies? ☐ Yes ☐ No If your answer is YES, specify: _____

Are you a vegetarian / special diet? ☐ Yes ☐ No If your answer is YES, specify: _____

Do you smoke? ☐ Yes ☐ No Would you live with a family with Smokers? ☐ Yes ☐ No

Would you live with a family with Young Children? ☐ Yes ☐ No Would you live with a family with Dogs? ☐ Yes ☐ No

Would you live with a family with Teenagers? ☐ Yes ☐ No Would you live with a family with Cats? ☐ Yes ☐ No

Homestay Special Requests
Additional charges apply - subject to availability - ☐ Private Bathroom 100 every 4 weeks ☐ Closer to School 50 every 4 weeks ☐ Private TV 25 every 4 weeks
These requests are subject to availability, only for homestay, for students 17 years old and more. Not possible in rooming or in the student house.

Arrival Information Form #3

(if unknown, please leave empty)

Date of arrival (Day/Month/Year): _____ Time (24 Hour time format): _____

Name of airline: _____ Connecting city: _____ Flight No: _____

DECLARATION: I HAVE READ AND UNDERSTOOD AND I AGREE TO BE BOUND BY THE SCHOOL'S POLICIES ON ADMISSIONS, ACCOMMODATION, DISPUTE RESOLUTION, DISMISSAL, VACATIONS AND REFUNDS. I ALSO PROMISE TO RESPECT THE " ENGLISH ONLY POLICY" AT ALL TIMES.

Date: _____ Student Signature _____ Agent Signature _____
parent or guardian if minor if applicable